Introduction

This manual has been prepared to assist SUN representatives on Nursing Advisory Committees (NAC) to fulfill their role efficiently, effectively and with consistency.

The manual contains practices and procedures, the rationale behind them, and specific examples of how they work.

Remember, this is a guide.

Your Local may wish to make adaptations, in consultation with your Nursing Advisory Officer (NAO) and in keeping with the Nursing Advisory Committee article in your collective agreement.

As a SUN member utilizing the Nursing Advisory process, you have taken on an important and challenging task. SUN Provincial stands ready to assist you in your endeavors.

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# Table of Contents

Chapter 1: **Professional Accountability and Collective Bargaining** ........................................ 3  
A. Professional Standards, Ethics and Competencies ................................................ 3  
   SRNA Standards ........................................................................................................... 4  
   RPNAS Standards ....................................................................................................... 4  
   Code of Ethics ............................................................................................................. 5  
   Competencies ............................................................................................................. 5  
B. Professional Accountability Dilemmas ......................................................................... 6  
C. History Leading to SUN’s Nursing Advisory Clause ................................................ 9  
D. The History of Professional Practice Clauses Among Canadian Nurse Unions .......... 12  

Chapter 2: **The Nursing Advisory Committee (NAC) Process** ......................................... 14  
A. Examples of Nursing Issues ..................................................................................... 14  
B. Summary of Nursing Advisory Process .................................................................. 16  
   Flow Chart of the Nursing Advisory Process ......................................................... 18  
C. Work Situation Report Form .................................................................................... 19  

Chapter 3: **Professional Practice Report** ........................................................................ 21  
Flow Chart of the Professional Practice Process ......................................................... 24  

Chapter 4: **Local Nursing Advisory Committee** ........................................................... 25  
A. Encouraging Documentation .................................................................................... 25  
B. Investigation .............................................................................................................. 25  
C. Developing the Recommendations .......................................................................... 26  

Chapter 5: **Nursing Advisory Committee Meetings** ......................................................... 27  
A. Be Prepared .............................................................................................................. 27  
B. The Joint NAC Agenda ........................................................................................... 27  
C. How to Conduct A Meeting ..................................................................................... 27  
D. Minutes ..................................................................................................................... 30  
E. General Information Regarding Joint NAC Meetings ............................................. 31  

Chapter 6: **Submissions** ................................................................................................. 32  
A. Submitting Briefs to Management at Joint NAC Meetings ..................................... 32  
B. Referring Issues to the Board .................................................................................. 32  
C. Preparing for Presentations to the Board ................................................................. 33  

Appendix ......................................................................................................................... 35
Chapter 1

PROFESSIONAL ACCOUNTABILITY AND COLLECTIVE BARGAINING

A. Professional Standards, Ethics and Competencies

Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs) and Registered Nurse (Nurse Practitioner)s (RN(NP)s) are licensed and regulated by the Saskatchewan Registered Nurses’ Association (SRNA) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). These bodies have the power to regulate their respective professions by means of legislation in the form of the Registered Nurses Act, 1988 and the Registered Psychiatric Nurses Act (1993).

The SRNA and the RPNAS are responsible for several areas including, but not limited to:

- setting educational standards, evaluation of education programs and maintaining continuing education;
- setting requirements for registration and licensure;
- setting standards of nursing practice;
- regulation of members to ensure they meet practice standards; and
- investigating and imposing discipline if necessary.

(Please refer to the current SRNA Standards for Nursing Practice and RPNAS Standards for Psychiatric Nursing Practice for a complete listing.)

Professional Standards

It is SUN’s belief that standards for nursing practice should reflect the values of the particular profession and serve to clarify what each profession expects from its members. Standards should represent criteria by which a nurse is measured and should apply to every nurse in every setting. Standards of practice should establish minimum levels of performance by which the public can evaluate the quality of care received.
SRNA Standards

STANDARD I  Professional Responsibility and Accountability
STANDARD II  Knowledge-based Practice
STANDARD III  Ethical Practice
STANDARD IV  Service to the Public
STANDARD V  Self-Regulation

(SRNA Standards for Nursing Practice 2007)

RPNAS Standards

STANDARD I  Assessment
STANDARD II  Planning
STANDARD III  Implementation
STANDARD IV  Evaluation
STANDARD V  Helping Relationship
STANDARD VI  Health Teaching
STANDARD VII  Legal
STANDARD VIII  Professional
STANDARD IX  Ethical
STANDARD X  Leadership
STANDARD XI  Collaboration

(RPNAS Standards for Psychiatric Nursing Practice currently under review)
**Code of Ethics**

In addition to standards of practice, the SRNA and RPNAS have codes of ethics established to provide the moral/ethical standards by which nurses are to conduct their nursing practice.

The SRNA has adopted the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses, which is structured around seven primary values that are central to nursing practice:

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision making
4. Preserving dignity
5. Maintaining privacy and confidentiality
6. Promoting justice
7. Being accountable

*(Code of Ethics for Registered Nurses, CNA, 2008)*

The RPNAS Code of Ethics is based around the following four core values:

1. Professional Accountability
2. Unconditional Respect
3. Wholistic Health
4. Quality Practice Milieu

*(RPNAS Code of Ethics, 2010)*

**Competencies**

Further to standards and ethics, both SRNA and RPNAS have developed competency documents. These competency documents provide the minimal level of performance considered acceptable by a beginning nurse.

Each individual nurse is accountable for her own practice and to practice competently. Proper and adequate orientation is essential for any nurse entering a new practice environment. An experienced nurse moving to a new area of care may initially require additional education in performance of foundation competencies. Nurses may require additional support when competencies are performed in an unstable situation.
B. Professional Accountability Dilemmas

What is a professional practice issue? The SRNA document “Tools for Resolving Professional Practice Issues, 2008” identifies a professional practice issue as any problem or situation that:

- Interferes with the RN’s ability to practice consistent with the SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2007), other relevant standards and guidelines and/or workplace policies and procedures;
- Has or could put clients or staff members at risk; and/or
- Is beyond the ability of an individual registered nurse to resolve.

In workplaces, RNs, RPNs and RN(NP)s are often faced with a dilemma — caught between practicing according to their professional standards and ethics, and lack of control over their work environment for which the employer is ultimately responsible.

Failing to maintain professional standards places a nurse at risk for any or all of the following:

- Discipline or discharge by the Employer;
- Suspension or removal of registration by licensing body;
- Civil suit;
- Criminal suit; and/or
- A public inquiry at a coroner’s inquest.

(Canadian Nurses and the Law, Second Edition, Chapter 2 – J.J. Morris, Margot Ferguson, Mary Jane Dykeman)

If a nurse is terminated by the Employer for professional incompetence or professional misconduct, the Employer is obligated to refer the nurse to their licensing body for investigation of alleged violations of standards of practice, ethics or misconduct (refer to Section 43 of the SRNA Act and Section 42 of the RPNAS Act, and your Collective Agreement). Employers will also report nurses to their licensing body for incompetency or misconduct even when they have not been terminated. **The licensing body will not examine the nurse’s practice in the context of the environment, but will rather focus solely on their nursing practice.**

If a nurse is sued for negligence, the court must prove there was a breach of the “duty of care.” A breach of the duty of care is a departure from the normal standards of care that govern the fundamental aspects of nursing practice. In a court case, the conduct of the nurse being sued for negligence is compared to what a “reasonably prudent nurse” with a similar background and experience, would have done in a similar situation. (Canadian Nurses and the Law, Second Edition, Chapter 9 – J.J. Morris, Margot Ferguson, Mary Jane Dykeman)

**It is therefore, very important for nurses to deal with potentially unsafe nursing environments.**

Employers have an obligation to the public to understand the scope of practice of all Employees providing nursing care, (i.e. RNs, RPNs and LPNs) to ensure job descriptions and policies support these practitioners and that sufficient staffing levels with appropriate skill mix is available for proper provision of nursing care. (Nursing in Collaborative Environments – RPNAS, SALPN, SRNA 2000)
Employers are also responsible for ensuring that:

- Action is taken to examine situations and resolve issues that have been brought to their attention;
- There are sufficient number of competent RN staff;
- There is an appropriate staff mix; and
- There are adequate resources and support services to enable RNs to meet the SRNA Standards and Foundation Competencies for the Practice of Registered Nurses.

(Tools for Resolving Professional Practice Issues, SRNA, 2008)

Increasingly, nurses are realizing they cannot fulfill their professional responsibilities without challenging the "master-servant" employment relationship and that collective bargaining may assist in harmonizing their conflict. This view is expressed by Mr. K. Swan, a law professor from Queen's University:

"An employed professional cannot be a hired gun whose task it is to lend respectability to decisions taken on the basis of expediency and economy; nor is he or she merely someone who, in the classical ironic definition, will work overtime without extra pay. Rather, I think, events are producing a concept of professional employment which will probably include the following elements as a bare framework for further growth:

A professional employee is entitled to respectful and even-handed supervision, to informal counseling and to a right to participate in the formulation of decisions affecting him or her in a professional capacity.

A professional employee is required to act professionally in respect of his or her employer and fellow employees, and in respect of all other persons with whom he or she comes in contact on the employer's behalf.

A professional employee is expected to meet the performance and ethical standards of his or her profession at all times when carrying out the responsibilities of employment.

Where the responsibilities of employment and professional standards are in conflict, the employee has a right and a duty to object, to point out the conflict, to seek a decision from higher supervisory authority and, in an appropriate case (which will probably be very rare), to refuse to carry out an assignment without attracting disciplinary penalties.

The development of a code of this sort will make it clear that an employer who hires a professional gets just that, no more and no less. It will also demonstrate clearly that far from undermining professionalism, collective bargaining can be the instrument of a profession's institution, its nurture and its protection."  (Kenneth P. Swan, "Employment Responsibilities and Collective Bargaining", Interchange, Vol.9, No.3, 1978-79, Page 107)
Over the years, SUN has successfully bargained into its collective agreements provisions for RNs, RPNs and RN(NP)s to point out any areas of conflict between professional obligations and Employers' directives. In particular, the Nursing Advisory Committee (NAC) provides a mechanism for nurses to document their issues and have them forwarded to be addressed by the Employer.

Documentation of work situations is one method for nurses to record situations that prevent them from carrying out professional nursing responsibilities to patients in their care — circumstances that interfere with safe, high-quality care.

Utilizing the Nursing Advisory process helps nurses to fulfill their advocacy role for quality patient care and also provides evidence in the case of a lawsuit or discipline case that the nurse had raised concerns regarding an issue to the Employer.

“There is no employer policy that can absolve an individual nurse of her own responsibility, even if the Employer directs you and states they will accept responsibility.” (SRNA Standards and Foundation Competencies for the Practice of Registered Nurses, 2007)

“Registered Psychiatric Nurses demonstrate professional judgment and accept responsibility for their professional practice.” (RPNAS Bylaws XI- 6(e))

Therefore, it is imperative that SUN nurses utilize the Nursing Advisory and Practice articles in the Collective Agreement if they believe their professional obligations are being undermined by working conditions that prevent them from providing safe and competent care to their patients.
### C. History Leading to SUN’s Nursing Advisory Clause

#### 1961
- Financial changes occurred in 1961 with the introduction of Medicare to Saskatchewan. The provincial government took over direct funding of health care institutions. The government determined how much money each facility received resulting in Employers not always being able to staff according to patient needs.

#### 1966
- The nursing manpower to staff our hospitals in Saskatchewan was largely provided by unpaid nursing students training to become registered nurses. Since these unpaid nursing students were instructed and supervised by a relatively small number of salaried instructors, the cost to hospitals for providing care to clients was minimal. The year 1966 was the last year nursing students were accepted into three year hospital programs.

#### 1967
- Introduction of the two year nursing diploma program from the Saskatchewan Institute of Applied Arts & Science (SIAST).
- Nursing education was placed with other education programs within the jurisdiction of the Department of Education. Hospitals could no longer depend on a largely unpaid labour force to deliver nursing services. Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) had to be hired to staff hospitals, which significantly increased the nursing care budget. It is not surprising that many facilities attempted to staff units with minimal RN/RPN coverage.

#### 1974
- The Saskatchewan Union of Nurses (SUN) was formed. After years of nurses being grossly underpaid, they finally started to receive salaries that showed some recognition of their education, experience and responsibility. However, even with increased wages, the working conditions nurses faced became intolerable due to inadequate staffing.
- The Union had a responsibility to its members in all aspects of the nurses’ working life. This included members being able to practice in a proper work environment. Nurses “work” is the delivery of care.
- Nurses were accountable to the patient, their patients’ families, to society and to their profession. Professional standards were difficult to maintain when working conditions prevented nurses from providing safe, proper nursing care. The nurses needed some control of the working conditions under which they were required to deliver this care.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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</thead>
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<tr>
<td><strong>1974 cont’d</strong></td>
<td>In addition to the Union being concerned about the working conditions of the members, the Union was also concerned with how working conditions affected the health of its members. Nurses were subjected to increased levels of stress while trying to meet professional standards, and while having to cope with poor working conditions, unrealistic workloads, insufficient staffing, inadequate orientation, and more.</td>
</tr>
<tr>
<td><strong>1979</strong></td>
<td>In 1979, the SUN Board of Directors appointed a committee to establish documentation policies and make recommendations regarding implementation of a professional accountability program.</td>
</tr>
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| **1980** | At the SUN Annual General Meeting of 1980, the following resolution was adopted by the membership:  
  “The Union develop and implement a documentation program, incorporating the use of a Professional Accountability Form.”  
  A pilot program was implemented at St. Paul’s Hospital (Saskatoon) in November 1980. The Documentation Committee wanted to evaluate the program’s success prior to implementing the program in all institutions. |
| **1981** | A resolution was passed at the 1981 SUN Annual General Meeting for the Negotiating Committee to bargain a professional accountability clause in the Acute Care Collective Agreement. |
| **1982** | SUN succeeded in including a professional accountability type clause called the “Nursing Advisory Committee” (NAC) in the Acute Care Collective Agreement with the Saskatchewan Health Care Association.  
  This provision provided a formal avenue for nurses to forward concerns and recommendations relative to patient care to management. |
| **1986** | The wording in the Acute Care Collective Agreement was improved by including two new provisions:  
  1. “The Hospital shall not penalize, harass or discipline a nurse who submits a Work Situation Report.” (Article 38.05 SUN/SHA Collective Agreement 1986-87)  
  2. If the recommendations to the Administrator/CEO of the Hospital were not acted upon satisfactorily:  
     “…The issue may be referred to the SUN/SHA Joint Consultation Committee.” (Article 38.04 SUN/SHA Collective Agreement 1986-87) |
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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| 1988 | Following a seven day strike by SUN, the NAC clause was amended substantially to allow unresolved disputes to go to a third party comprised of three Registered Nurses. This third party was called an Independent Assessment Committee (IAC).  
• A Nursing Advisory clause was negotiated into the Long-Term Care Collective Agreement. |
| 1991 | A Nursing Advisory clause was negotiated into the Home Care Collective Agreement. |
| 1996 | A new four year degree program called the Nursing Education Program of Saskatchewan (NEPS) was established, phasing out the two year diploma nursing/psychiatric nursing programs and the old four year university nursing degree program. |
| 1998 | This was the last year to have graduates from the two year diploma nursing/psychiatric nursing programs.  
• The loss of these programs resulted in a significant decrease in the number of graduates. This created new challenges in the areas of staffing and professional standards. The government responded by looking into increasing the scope of practice for other health care providers. |
| 1999 | Following a 10 day illegal strike by SUN in April 1999, and the subsequent arbitration related to the IAC language, the decisions of the IAC were then considered valid and binding on workload items as they affect SUN members.  
• In an attempt to address urgent issues related to nursing practice, SUN bargained a “Nursing Practice” article into the SUN/Saskatchewan Association of Health Organizations (SAHO) Collective Agreement. This article addresses:  
  • Workload;  
  • Professional responsibilities; and  
  • Opportunity for professional associations to audit nursing practice environments.  
Any unresolved issues may be referred to NAC. |
D. The History of Professional Practice Clauses Among Canadian Nurse Unions

As nurses unionized across Canada, they started to bargain for provisions in their collective agreements to deal with workload and sufficient staffing. Quebec was the first union to achieve workload language in their Collective Agreement. This was due to a 30 day nursing strike in one hospital in 1963; the language was accepted into the union agreement the following year.

It was not until the highly publicized Mount Sinai case in 1977, however, that bargaining activity related to professional considerations became a significant labour relations issue at bargaining tables across Canada. The Mount Sinai case involved a defense by three nurses in the Intensive Care Unit who refused to admit a new patient from the Emergency Department because they feared for the safety of other patients. By endangering existing patients, the nurses believed they would be compromising the standards of practice expected by the College of Nurses in Ontario.

The nurses were suspended without pay as a result of insubordination and lost their case at arbitration. The arbitrator upheld the discipline because nurses were, as employees, not entitled to refuse assignments, no matter how unreasonable by professional standards.

(Mount Sinai Hospital and ONA, 1978, 17 LAC (2nd) p. 242)
This case provided the stimulus for the Ontario Nurses’ Association (ONA) to mount a campaign for a professional responsibility clause in its collective agreements with public hospitals. In 1978, ONA won such a clause in its agreement in several hospitals through arbitration. The inclusion of this clause in the agreement was challenged by employer hospitals in the courts. The Court of Appeal ruled in favor of the Union's position and professional responsibility clauses in Ontario have, as a result, become a matter of fact.

The professional accountability clause in Ontario provided a mechanism for nurses to take a dispute to arbitration before an Independent Assessment Committee (IAC), composed of one registered nurse from ONA, one for the hospital in question, and one chosen from an agreed panel of “independent registered nurses.” This clause provided for an independent review of staffing and workload decisions that affect professional responsibilities. This is the model for the IAC provision in SUN’s collective agreements.

By 1989, all provincial nurse unions across Canada had some type of provision in their collective agreements for nurses to address their workload concerns. Following is a chart of the year the various provinces formed unions and the year they first achieved nursing advisory/professional responsibility type articles in their collective agreements:

<table>
<thead>
<tr>
<th>Union</th>
<th>Year Unionized</th>
<th>Year “NAC type” article in Collective Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCNU (BC)</td>
<td>1981</td>
<td>1989</td>
</tr>
<tr>
<td>UNA (AB)</td>
<td>1977</td>
<td>1980</td>
</tr>
<tr>
<td>SUN (SK)</td>
<td>1974</td>
<td>1982</td>
</tr>
<tr>
<td>MNU (MB)</td>
<td>1975</td>
<td>1980</td>
</tr>
<tr>
<td>ONA (ON)</td>
<td>1973</td>
<td>1980</td>
</tr>
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<td>FIIQ (QC)</td>
<td>1964</td>
<td>1964</td>
</tr>
<tr>
<td>NBNU (NB)</td>
<td>1974</td>
<td>1984</td>
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<tr>
<td>NSNU (NS)</td>
<td>1976</td>
<td>1978</td>
</tr>
<tr>
<td>PEINU (PEI)</td>
<td>1974</td>
<td>1988</td>
</tr>
<tr>
<td>NLNU (NF)</td>
<td>1974</td>
<td>1975</td>
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Chapter 2

THE NURSING ADVISORY COMMITTEE (NAC) PROCESS

The Nursing Advisory process, which includes the Nursing Practice article, is only one mechanism for nurses to use to bring matters concerning nursing practice to the attention of their employer. Nurses, on a daily basis, identify nursing issues that require the use of their communication skills to coordinate and deliver the best nursing care possible to their clients.

At times, nurses are faced with situations that may not be resolved through the usual channels of communication (i.e. budget cuts, poor management practices, etc.). Nurses may then choose to use the NAC process.

A. Examples of Nursing Issues

1. **Staffing Levels**
   Documentation should occur every shift you work without enough staff to provide proper and adequate nursing care. In situations where client care needs require the knowledge, assessment or judgement of an RN/RPN/RN(NP), 24 hour RN/RPN/RN(NP) coverage is imperative. For example, when someone other than an RN completes triage in Emergency. There are solutions to inadequate staffing levels - for example, more RNs/RPNs/RN(NP)s and/or auxiliary staff and, if necessary, restricting the number of beds in a facility or on a unit.

2. **Communication**
   This covers situations that are a direct result of poor communication, lack of leadership, lack of support, etc. Registered nurses should only perform procedures for which they feel competent or are certified to perform.

3. **Education/Orientation**
   Insufficient education/orientation programs are those that are not available, poorly planned, deficient in content or duration. Appropriate orientation should include:
   - General orientation for newly hired or transferred nurses
   - Specific orientation programs for individual units
   - Float orientation
   - Orientation to new and existing equipment
   - Current policies and procedures
   - It is the Employer’s responsibility to provide nurses with a list of special nursing procedures and transfer of medical functions that are required. Certification shall be provided by the Employer prior to any situations where nurses are expected to
perform transfers of medical functions or special nursing procedures. Recertification shall be provided by the Employer in a timely fashion.

Questions regarding transfer of medical function/special nursing procedures should be referred to practice advisors at SRNA/RPNAS.

NOTE: At the time this manual was printed, the SRNA was reviewing the special nursing procedures and transfer of functions. Refer to SRNA documents for further information. Refer to the Staff Development article in your Collective Agreement for specific language on orientation.

4. **Environment**

Environment refers to the physical surroundings and/or inappropriate placement of the client/resident. Physical inadequacies may include inappropriate design to meet client/resident needs, inadequate security system, noise level, renovations, etc. Inappropriate placement of client may include an aggressive resident with Alzheimer’s in a non-secure unit.

5. **Equipment and Supplies**

This refers to any issues regarding equipment and supplies that affect client care and can include lack of, faulty, or inappropriate equipment and supplies.

6. **Job Description/Duties**

Lack of a proper job description or one that does not clearly identify roles/responsibilities/duties falls under this category.

7. **Medications**

This refers to situations where nurses have concerns regarding inadequate or outdated supplies or pharmacy related issues. Some specific examples:

- Cases where nurses are prescribing and dispensing (this is illegal and leaves the nurse subject to legal action without access to SRNA Liability Insurance. A hospital policy will not protect you for prescribing/dispensing medications). Please note this does not apply to Nurse Practitioners who are allowed to prescribe and dispense certain medications.

- The Employer must provide proper protection as per the *Occupational Health & Safety Act and Regulations*. The Act identifies measures to be taken when nurses are required to deal with medications and solutions hazardous to health (i.e. cytotoxic drugs, chemotherapy, and gluticide).

8. **Non-Nursing Functions**

This includes instances where non-nursing functions require time that prevents the nurse from providing safe client/resident care such as:

- Portering clients/residents
• Clerical functions
• Housekeeping duties
• Support services (i.e. lab/physiotherapy/dietary, etc.)

9. **Physician Related**
On occasion, nurses have difficulty providing proper nursing care due to certain practices of the physician(s). For example, perhaps a physician refuses to come and attend to a newly admitted patient requiring physician assessment/orders, etc.

10. **Policies and Procedures**
The Employer must provide proper policies and procedures that clearly state what nurses are allowed to do or not do in their practice environment. These may include administrative, nursing practices, technology, workplace safety, etc.

**B. Summary of Nursing Advisory Process**

As a SUN member, it is imperative that you become familiar with the wording in your Collective Agreement.

The Nursing Advisory process is a formal mechanism for nurses to bring nursing related concerns to the senior management of their facility that have not been addressed by their immediate Out-of-Scope (OOS) supervisor/manager. The steps of this process are:

1. **Nurse Identifies Issue**
Nurses are expected to provide the best care possible to their patients/clients at all times. In the event a situation occurs where a nurse does not feel they are able to provide proper and/or adequate care, the nurse should contact the appropriate person in the facility/agency to request assistance/advice. If this issue is not resolved to the nurse’s satisfaction or is an ongoing issue, the OOS manager of the area needs to be notified.

2. **Nurse Notification of Out-of-Scope Supervisor or Manager**
It is necessary to notify the immediate OOS manager of the area within 96 hours of the situation so they can address the issue. This may be accomplished in person, via e-mail, by phone, etc. Discussion of the issue with the OOS manager may be by the Employee or NAC representative. If the manager of your area was contacted initially, this step may be omitted.

3. **Documentation**
If the nursing concern is not addressed by the OOS manager, then the nurse may choose to initiate the Nursing Advisory process by documenting the issue and submitting it to the SUN Local. This may be done on SUN’s Work Situation Report (WSR) form (Appendix B). This WSR is then sent to your Local who provides the Employer with a copy.
4. **WSR Filed with Employer**
   Once the Local receives the WSR, a copy is sent to the Employer with a request for a NAC meeting.

5. **NAC Meeting to Discuss WSR**
   The WSR and possible recommendations are discussed at the Local NAC meeting to try and resolve the issue. Minutes must be taken at the meetings to reflect decisions made regarding each WSR (i.e. resolved, unresolved, withdrawn or abeyance).

6. **Meeting with the Board of the Employer (Health Region)**
   If there is no resolution after the requisite two (2) meetings of the Local NAC, the WSRs should be placed in abeyance and the Local should consult with their Nursing Advisory Officer (NAO). The NAO can assist as you try to achieve resolution. For example, presenting a brief, or a request from the NAO to meet with managers, directors, or vice-presidents prior to going to the Board may lead to/assist with resolving outstanding issues.

   If the WSR remains unresolved, the issue may be presented to the Board of the Health Region (later referred to as the Board). This presentation is prepared by the NAO with assistance from the nurses on the Unit and the Local. It may be presented by the Local/Unit or the NAO.

   If it is decided to present to the Board, a letter to the Chairperson of the Board is prepared by the NAO. It outlines the issues to be considered and requests a date to present. The decision to refer issue(s) to the Board is decided by the nurses in the work area in consultation with your NAO – you don’t need management’s approval!

7. **Presentation to Independent Assessment Committee (IAC)**
   Following the presentation to the Board, they have 30 days to respond to SUN. If SUN does not believe the response addresses the nurses’ concerns, SUN may, within 15 days, refer the matter to an Independent Assessment Committee (IAC). Preparation and presentation of the IAC is done by the NAO with assistance from the Local. The IAC is composed of three persons, one appointed by SUN, one appointed by the Employer, and an IAC Chair. The Collective Agreement provides for a roster of agreed upon chairpersons. The parties agree to a Chair from this list.

   Once the matter is referred to the IAC, the parties agree on a date and time for the hearing. The purpose of the IAC is to investigate the issue(s) arising from the WSR, generate findings and report its decision to the parties in writing.

8. **Implementation of IAC Decision**
   Upon receiving the decision of the IAC, the Union and the Employer meet to discuss the decision and recommendations. The decision of the IAC shall be valid and binding insofar as it concerns items related to workload that affects SUN members.
Flow Chart of the Nursing Advisory Process

1. Nurse identifies issue, and attempts to resolve situation.

   Unresolved/recurring

2. Nurse notify and discuss issue with Out-of-Scope manager.

   Unresolved/recurring

3. Nurse documents issue and submits WSR to Local.

4. Joint NAC Meeting(s) with Employer (at least two).

   Resolved
   Action(s) to address issue recorded in NAC minutes

   Unresolved/recurring

5. Meeting with BOARD of Employer.

   Resolved

6. Independent Assessment Committee (IAC)

   Unresolved/recurring

7. Implementation of IAC Decision

Chart revised May 2014
C. Work Situation Report Form (see Appendix B for actual WSR Form)

Nurse’s Responsibility

Documentation is critical and should take place on your own time. The Employer must be notified within 96 hours as set forth in your Collective Agreement. SUN provides a form for documentation (Appendix B). If the form is not available, please write down the details and forward to your Local NAC Chair/President or Local representative.

Local’s Responsibility Upon Receiving Work Situation Report(s)

Each Local should develop a process for handling work situation reports, such as:

- Where do members obtain WSRs in their work area?
- Where do members send WSRs once completed?
- Who in the Local is responsible for receiving WSRs and designating type of issue?
- Who in the Local is responsible for filing WSRs with the Employer and sending SUN Provincial its copy?

When a WSR is received by the Local:

- It must be dated with the date it was received.
- It must be categorized under the general “Type of Issue” heading (Appendix C).
- It must be dated as to when it was sent to the Employer. Photocopy the form and forward it to the Employer’s NAC Co-chair and send SUN Provincial its copy.

Local’s Responsibility for Processing Work Situation Reports

Every WSR received needs to be given proper attention and investigation. Once filed with the Employer, the WSR should be placed in a binder for all “Outstanding WSRs.”

Each WSR will eventually be dealt with under one of these categories:

Resolved: This includes issues partially resolved as well as fully resolved. When an issue is resolved, include how it was resolved in the NAC minutes. Attach a copy of these minutes to the original WSR and place it in a binder for “Closed WSRs.”

Unresolved: If after two meetings, the issue identified in the WSR is still not resolved, the nurse(s) in the work area needs to be contacted by the Local NAC to find out if she/he wishes to pursue the matter further. If the decision is to proceed, the Local NAC needs to contact its NAO to have her/him attend a meeting with the nurse(s) to decide how to proceed (i.e. Board presentation).

Abeyance: This means the matter is “on hold” until a certain date. Remember to note in the minutes why a WSR is being placed in abeyance and designate a date
when the WSR is to be brought out of abeyance. It is suggested that you keep any items in abeyance on the agenda so they are not forgotten.

Withdrawn: There are times when a WSR may be withdrawn by a Local (Appendix D). For example:

• Documentor requests withdrawal of WSR
• Referral to appropriate committee (i.e. OH&S)
• Documentor moved
• Issue no longer relevant
• Decision made not to proceed to Board level

When a WSR is withdrawn, the WSR should be moved to the “Closed WSR file.” Note on the minutes that the WSR has been withdrawn. If you have any questions of when - or if - to withdraw a WSR, please contact your NAO.

In order to keep track of all the WSRs in the Local, a Local Tracking Form has been developed (Appendix F).

Local's Responsibility for Dealing with Work Situation Reports that are NOT NAC Issues

Occasionally, a WSR is written up by a nurse that should be dealt with in another forum. For example, it may be about a labour relations issue (i.e. vacation pay) or an Occupational Health and Safety issue. In these cases, the Local should contact the documentor and inform them that you are forwarding their issue to the appropriate committee to look into.

WSRs are not to be used to complain about any other person (such as a physician, manager, or co-worker). These WSRs will not be sent to the Employer unless there is an underlying issue identified (Type of Issues - Appendix C). In cases of personal conflicts, the Local will contact the documentor and inform them that NAC is not an appropriate forum for this type of issue.

As the Nursing Advisory and Nursing Practice process deals with professional issues, documentation is to be written in a respectful and factual manner by focusing on the issue.
Chapter 3

PROFESSIONAL PRACTICE REPORT

The Nursing Practice Article in the Collective Agreement provides language related to the professional nursing standards, practices and procedures. Nursing standards, practices and procedures are outlined through documents and legislation from the Saskatchewan Registered Nurses’ Association (SRNA), the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), and the Canadian Nurses Association (CNA).

As RNs, RPNs and RN(NP)s, it is your obligation under your Standards of Practice and Code of Ethics to provide safe, competent, ethical nursing care to your clients. If this is not possible due to the Employer’s failure to meet its responsibilities set out below, it is your responsibility to immediately report the situation to a higher level of authority.

As SUN members you can raise your nursing concerns through a number of articles found in the Collective Agreement. In each article there is a requirement to discuss the situation with the Out-of-Scope (OOS) supervisor/manager of your area. In addition to the Nursing Practice Article, there is also the Nursing Advisory Article, where any issue related to nursing practice may be documented on a WSR form.

The Nursing Practice Article RPNAS and SRNA documents, outline the responsibility or expectation the Employer is to provide nurses with:

- A work environment consistent with nursing standards, practices and procedures.
- Nursing policies and procedures consistent with nursing standards.
- Education during working time for professional nursing practices and procedures.
- Mechanisms to deal with workload issues.
- Process to follow if nurse has grounds to believe she/he is working in violation of professional standards.
- A commitment from the Employer to disclose information in the event of an audit of nursing practice by a professional nursing association.

An Expedited Alternative to a Work Situation Report

The Provincial legislation, Codes of Ethics, Standards and other guiding documents are referred to in the Collective Agreement. The strength of the Nursing Practice Article relies on nurses to utilize the standards of their professional association in working towards an environment that allows the nurse to meet her/his professional obligations.

In 2008, language was added to the Nursing Practice Article that led to the development of the Professional Practice Report form (PPR) (Appendix G).
**Guidelines**

The Article can be summarized in three parts:

1. **When an individual nurse or group of nurses believe they are being ‘asked to perform more work than is consistent with proper client care.’** The nurse(s) must first discuss the matter with her/his OOS manager, and if not resolved within five calendar days, the issue may be referred to the NAC to be addressed.

2. **When a nurse believes ‘she is working, at the Employer’s direction, in violation of her professional responsibilities.’** The nurse must inform her OOS manager to identify the issue and try to rectify it. If not resolved, a meeting shall be convened within 24 hours to consider and implement alternative options of care delivery meeting the required professional standards.

3. **When the nurse at point of care believes ‘there is insufficient staffing to provide safe, competent nursing care’, she/he must immediately report the situation to the manager.** In the case that your first line supervisor is a SUN member, the nurse at point of care shall contact or request the In-Scope supervisor to contact the OOS supervisor to identify options.

In each of the above, there is a requirement to discuss the situation with a supervisor or manager. SUN advises this person be OOS.

Fill out a Professional Practice Report (PPR) form to document the situation, and forward to your Local representative.

**The Professional Practice Report (PPR) Form**

When a nurse invokes the language of the Nursing Practice Article, she must inform her OOS immediately, and advise which part of the Nursing Practice Article she is invoking. If the situation is not resolved at that discussion, a meeting is convened within the time lines specified in the Collective Agreement.

A meeting held to discuss the Nursing Practice issue involves the Local representative, the nurse (or nurses) who raised the concern, and the Employer’s representatives. These Employer participants should be a person or persons in positions that can achieve resolution to the issue.

**Nurse’s Responsibility**

Any time a nurse or nurses invoke the Nursing Practice Article, a PPR form must be filled out. Documentation is critical and should take place on your own time.

SUN provides a form for documentation (Appendix F). If the form is not available, please write down the details and forward to your Local NAC Chair/or Local representative.
Local’s Responsibility Upon Receiving Professional Practice Report(s)

Each Local should develop a process for handling professional practice reports, such as:

• Where do members obtain PPRs in their work area?
• Where do members send PPRs once completed?
• Who in the Local is responsible for receiving PPRs and designating type of issue?
• Who in the Local is responsible for filing PPRs with the Employer and sending SUN Provincial its copy?
• Who in the Local will attend the initial meeting with the nurse(s) and Employer (if requested)?

When a PPR is received in the Local, first determine if the documented issue has been resolved. If it is considered resolved by the documentor, copy the form, send to SUN Provincial - noting how it was resolved - and file for information purposes.

If the issue is unresolved:

a) A meeting is held as stipulated in the Article that is invoked. At this time, the Local needs to clarify - and note in the minutes - that should the issue remain unresolved, this meeting is/is not the first NAC meeting of this issue.

b) Following a meeting held, as provided in Article 58, the Local documentor(s) determines if the issue is resolved.

c) If unresolved, Article 58 provides for referral to the NAC.

The Nursing Advisory Article specifically refers to Work Situation Reports (WSRs). If an unresolved professional practice issue is to be referred, the Local needs to fill out identifying information on a WSR and attach the PPR as “additional documentation.” The Local then continues with the Local NAC process.
Flow Chart of the Professional Practice Process

Nurse identifies issue, and tries to deal with situation.

Unresolved/recurring

Nurse determines what language to invoke: Nursing Advisory or Nursing Practice?

Nursing Advisory Committee Work Situation Report Form

Nurse notifies Out-of-Scope manager.

Unresolved/recurring

Nurse documents issue and submits WSR to Local.

Professional Practice Report Form

Nurse notifies Out-of-Scope manager and Local rep.

Resolved

Action to address issue recorded in minutes and submitted to Provincial.

Resolved

Discussion with Local rep to convene meeting.

Unresolved/recurring

Refer to NAC process
Chapter 4

LOCAL NURSING ADVISORY COMMITTEE

A. Encouraging Documentation

SUN members often express their frustration that nurses in their Local do not document unsafe or potentially unsafe nursing practice issues.

Locals need to examine why nurses do not document in their facility/agency issues/concerns. For instance:

- Members do not know about the Nursing Advisory process.
- RNs, RPNs and RN(NP)s are not aware of their professional accountability under the Registered Nurses Act and Registered Psychiatric Nurses Act.
- The Employer has intimidated nurses who have documented in the past.
- Members see the process as time consuming or futile.
- Members see the process as too lengthy.
- Members are so burned out by the working conditions that they don’t take the time.

Once a Local has determined why its members have not documented, they can look at ways to address this. Some Locals have had success by:

- Having a potluck lunch or supper where they have a Nursing Advisory in-service to encourage nurses to document.
- Local NAC sends a letter to each nurse to encourage documentation.
- Members attend SUN educationals to increase awareness of NAC and other union matters.
- Making nurses aware of their professional accountability under the Registered Nurses Act and Registered Psychiatric Nurses Act.
- Holding unit meetings where nurses express concerns for the Local NAC to address.
- Having an active and effective Nursing Advisory Committee.
- Communicating where situations have been resolved using the Nursing Advisory process and Professional Practice articles.

B. Investigation

It is critical that Work Situation Reports (WSRs) are dealt with in a timely fashion. Each Local NAC must develop a workable system for how documentation of work situations are handled in their Local. Once documentation of a work situation has been received, it is the responsibility of the
Local NAC to investigate the issue utilizing the committee investigation form (Appendix D).

Contact the nurse(s) who documented and set up a convenient time to meet and discuss the issue. If this cannot be arranged in a timely fashion, then discuss the issue over the phone.

Obtain all the facts regarding the work issue. This may include talking with other staff and checking policies. The Employer is obligated to provide NAC members with the information they request pertaining to policies and procedures that affect nursing practice, and where a facility/agency utilizes a patient classification/workload index system, the members of the committee shall be oriented to the system. Once you have completed the investigation form, (Appendix D) the local NAC meets to discuss the issue and prepare for the Joint NAC meeting. If further research is required, you may wish to contact the appropriate licensing body or your NAO.

The information gathered during the investigation will assist in developing the recommendations.

**C. Developing the Recommendations**

In order to resolve work issue(s), nurses need to identify solutions to the problem. Recommendations put forward at NAC meetings must be relevant to the issue.

Examples of recommendations could include:

- An additional RN/RPN/RN(NP) be hired for a 12 hour night shift
- The Employer provide sufficient baby monitors for obstetrics
- For all hours OOS is not on duty, a Charge Nurse shall be designated Supernumerary Charge

Should any of your recommendations be requirements under your Collective Agreement, they should also be pursued through grievances. Employers must be held accountable.

Should an issue proceed to a Board presentation or IAC, the recommendations are the backbone of the presentation. They must be directly related to workload, and grounded in the basics of RN/RPN/RN(NP) standards, ethics, and competencies that nurses are required to maintain.
Chapter 5

NURSING ADVISORY COMMITTEE MEETINGS

There are two references to Nursing Advisory Committee meetings in this section. One is with SUN NAC members only and is called Local NAC. The other is the official NAC meeting with SUN and the Employer members. This is referred to as the Joint NAC.

A. Be Prepared

The Local NAC should meet in advance to prepare for the Joint NAC meeting. Issues to be discussed:

- Agenda
- Results of investigation(s)
- Communication between Employer and Local NAC
- Meeting level of each WSR
- Who from SUN is to respond to issues on agenda
- What is Local NAC’s position on issues

Notify the Employer as soon as possible prior to the Joint NAC meeting of your intention to have a resource person attending (ERO or NAO).

B. The Joint NAC Agenda

Preparing an agenda in advance will make the meetings more productive and efficient.

Approximately a week before the Joint NAC meeting, an agenda is circulated. At the beginning of the meeting, new issues may be added.

Remember to include date and meeting number of each WSR.

C. How to Conduct a Meeting

You present a positive image by:

- Being on time
- Being thoroughly prepared and knowledgeable of issue(s)
- Maintaining the focus on the issue, not the specific incident/person
- Not permitting management to “blame” the nurse

When presenting an issue, be concise:

a) What are the facts?  
b) What is SUN’s issue?  
c) What would resolve the issue?
The Chairperson’s Role:

The Chair of the Committee may alternate between management and SUN (co-chairs). The chairperson is responsible for keeping the meeting “on task” in a “timely fashion.” Designate a recorder to take the minutes of the meeting.

The Joint NAC meetings are to review the issues and make recommendations relative to client care. These may include:

- Staffing Levels
- Communication
- Education/Orientation
- Environment
- Equipment/Supplies
- Job Descriptions/Duties
- Medication
- Non-nursing Functions
- Physician Related
- Policies/Procedures

This Committee is not to be used by the Employer as an alternate Joint Union-Management meeting. Keep the scope or jurisdiction of the committee broad in relation to nursing practice issues.

Labour relations issues mentioned elsewhere in the Collective Agreement are not considered appropriate matters to be discussed at Nursing Advisory Committee meetings (e.g. calling in casuals by seniority, layoff and recall, how overtime is paid out, etc.).

Note: If an addition is not related to nursing practice issues and is actually a labour relations matter recommend that it would be more appropriately dealt with at a Joint Union-Management meeting.

In order to assist new chairs, the following outline of how to conduct a meeting has been prepared based on the Agenda (see Appendix H for a meeting notice sample and a more detailed Agenda outline).

1. Call to Order: “I call this meeting to order.”
2. Approval of Agenda: “Are there any changes to be made to the agenda?”
   - If no changes: “Agenda to be followed as circulated.”
   - If additions: “Add: Item 5.2 – Linen Supplies.
     Agenda as revised.

If unclear if a matter is a labour relations one, place matter on the Agenda. When matter is discussed, and it is discovered it is actually a labour relations issue, then state issues will be referred to Joint Union-Management.
If minutes are not approved, remember to carry them over to the next meeting agenda.

3. Minutes of the Previous Meeting:

   **If minutes previously circulated:**
   “Are there any additions or corrections to the minutes?”
   "If not, all in favour. Carried."

   **If minutes just received:**
   “Since we have just received the minutes, do you wish to deal with them now or defer them to the next meeting?”

Either side may make corrections to ensure the minutes are more accurate or complete. With the agreement of the Committee, changes may be made. Following this step, a motion is in order. For example, “Would someone move the minutes be adopted as corrected?”

If there is no agreement on the motion to adopt the minutes, have the minutes reflect that there is a difference of opinion. A motion in this case may be: “SUN moves that the minutes be adopted with the notation that the Employer did not agree with how the minutes reflected the discussion under 4.1. There was not consensus as to how to change the wording to satisfy both parties. SUN believes the discussion reflects what was decided. The Employer’s understanding of what was discussed was…..”

**This is not a committee where the majority rules. If SUN does not consider the issue satisfactorily “Resolved,” it may be forwarded to the Board or IAC level.**

4. Unresolved Items

This includes any WSRs not resolved or deferred agenda items from previous NAC meetings.

When the Employer states they will respond to your recommendations, determine a date for each response. The normal date to use would be the next Joint NAC meeting.

At the end of discussion of each issue, the Chair should ensure any action to be taken is documented. The status of the issue should be clearly identified (i.e. resolved, unresolved, in abeyance or withdrawn).

   **Resolved:** “First item under unresolved items is 4.1 Nursing Issues; Communication between units. Communication improved as a result of ward clerk calling unit prior to transferring client. M. Lin confirmed with nurses that communication has improved. Item considered Resolved.”
Unresolved: “4.2 This is the second meeting of the WSR of 3W Medical. Management is to respond to SUN’s recommendations from the last meeting. SUN will take management’s suggestions back to 3W Medical staff to see if these suggestions resolve the issue. SUN will confirm in writing to the Employer NAC Co-Chair the status of the issue by April 14, 2009. For now SUN considers issue Unresolved.”

5. New Items

This includes WSRs being presented for the first time as well as nursing issues raised by either party.

1st Meeting: “This is the 1st meeting of WSR – (work area - type of issue - date).”

Discussion of WSR would include the information gathered on the investigation form. At the end of discussion of each issue, the Chair should ensure any action to be taken is documented. The status of the issue should be clearly identified (i.e. resolved, unresolved, in abeyance or withdrawn).

6. Next Meeting Date and Time:

Record date, time and place of the next meeting in the minutes.

7. Adjournment

Note time of adjournment in the minutes.

It is important that SUN Committee members convene immediately following each Joint NAC meeting for the purpose of:

- Giving praise to those who have presented an issue well
- Assess if Committee needs to meet soon to set a date to meet with a particular unit, develop strategy, etc.
- Assigning Committee members to specific responsibilities related to required actions

Locals must keep copies of all Joint NAC minutes.

D. Minutes

1. Minutes MUST be kept of all Joint NAC meetings. At the commencement of meetings, it needs to be identified who is officially recording the minutes (see Appendix I for a sample of minutes).
2. Always designate a SUN NAC member to take the minutes of Joint NAC meetings in case there are discrepancies in the minutes taken by the Employer.

3. Minutes need not be, and should not be, a word-for-word account of the meeting.

   For example, for each agenda item, record:
   
   a) Type of issue (from index)
   b) Brief summary of the issue
   c) SUN’s concern(s)
   d) Summary of the discussion
   e) Employer’s response
   f) Agreed to points
   g) Commitment(s) made, and by whom, to carry out the Committee’s recommendation(s)
   h) The time frame within which any commitment is to be carried out or action taken
   i) Status of issue (resolved, unresolved, abeyance or withdrawn)

4. Any written submission by the Union or Employer should be attached to the minutes with a handwritten notation at the top right hand corner “Received from the Employer/Local at (date) NAC meeting.”

5. Distribution of Minutes: Minutes of the Joint NAC meetings should be prepared and circulated well in advance of the next scheduled meeting to:

   a) SUN Committee members (including alternates)
   b) Management Committee Co-Chairs
   c) Local SUN President
   d) Management Committee Members (including alternates)

6. A copy of all Joint NAC meeting minutes must be kept together in a binder with the Local files.

E. General Information Regarding Joint NAC Meetings

Remember that as a representative of the Local on this committee, you are accountable to the members of your Local. This can be accomplished by:

   • Circulating Joint NAC minutes to documentor or ward rep
   • Posting Joint NAC minutes on union bulletin board
   • Reporting by NAC Chair at Local meeting
Chapter 6

SUBMISSIONS

A. Submitting Briefs to Management at Joint NAC Meetings

For some WSRs the Local may wish to submit a brief to management. This could include any written material to support the nurse’s case (i.e. overtime worked, etc.). Any written submissions should deal fully with the problem area (i.e. work assignment and recommendations) so the Employer cannot later claim they have not heard the problem before. Any submissions should have a cover sheet as follows:

WORK SITUATION REPORT
NAME OF UNIT (i.e. 3 WEST - MEDICAL)

ISSUE (i.e. STAFFING LEVELS)

SUBMITTED AT THE NAC MEETING

DATE

SUBMITTED TO: NAC MANAGEMENT REPRESENTATIVES
TIGER LILY HEALTH CENTRE

SUBMITTED BY: SUN NAC REPRESENTATIVES, SUN LOCAL ...

Examples of briefs are available. Please contact your NAO.

B. Referring Issues to the Board

Unresolved issues from WSRs that have been discussed at the requisite number of NAC meetings may be forwarded to the appropriate Board or the designate as specified in the Collective Agreement. It is the responsibility of the NAO, in consultation with the Local, to refer issues to the Board of the facility/agency. The NAO prepares a letter to the Chairperson of the Board, outlining briefly the issues to be considered and requesting a date to make a presentation to the Board.

NOTE:
You don’t need Management’s approval to present unresolved issues to the Board.
C. Preparing for Presentations to the Board

The Local NAC members and the members from the work area meet with the NAO to review the WSRs and the recommendation(s).

It is important that NAC members and the NAO have an accurate and detailed “picture” of the workplace involved to prepare an argument that will have the greatest impact on the Board.

To do this the NAO may request the following from the Local:

• Region’s Mission Statement, Values, Goals and Philosophy
• Job descriptions, shift routines
• Physical layout of work area
• Staffing Levels/Overtime Stats
• Details on type of nursing provided in work area
• Other information relevant to specific issue
• Policies, procedures

The NAO, in consultation with the nurses on the unit, will prepare a written presentation for the Board. The presentation will summarize the issue, the recommendations and the actions taken by nursing management to resolve the issues to date. The presentation may provide the current nursing research in support of the nurse’s position. Resource materials may include nursing textbooks, journals, accreditation standards, SRNA/RPNAS guidelines and standards.

Nurses in the work area where the WSRs were submitted will be extensively consulted in preparing for the presentation. Most importantly, the presentation must have the support of the majority of nurses.

A member or members of the Local NAC and nurses in the work area must review the presentation with the NAO prior to it being submitted to the Board.

A nurse from the unit, a SUN Local/NAC representative, or the NAO will present the issues to the Board.

Copies of written submissions are available upon request from SUN Provincial Office.
NAC Manual Appendix
Appendix A

LIST OF SELECTED DOCUMENTS AVAILABLE FROM THE SRNA, RPNAS, SALPN & CNA

SRNA:
- Code of Ethics for Nursing (CNA) 2008
- Guidelines for Immunization Administration & Immunization Programs, 2003
- Nursing in Collaborative Environments, 2000
- Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies, 2003
- Standards and Foundation Competencies for the Practice of Registered Nurses, Effective 01 March 2007
- The Practice of Nursing: RN Assignment & Delegation, 2004
- The Registered Nurse Scope of Practice Special Nursing Procedures by Transfer of Medical Functions, 1993 (currently under review)
- The Registered Nurse Scope of Practice: Guidelines for Nurses Prescribing and/or Distributing Drugs by Transfer of Functions, 1999 (currently under review)
- The RN Scope of Practice, 2004 (currently under review)
- The Registered Nurses’ Act, 1988
- Bylaws, 2009

RPNAS:
- Code of Ethics, 2010
- Nurses Pledge
- The Registered Psychiatric Nurses Act, 1993
- Standards for Psychiatric Nursing Practice, 2010
- Bylaws for the Registered Psychiatric Nursing Act, 2010
- The Registered Psychiatric Nurses: Competency Profile for the Profession in Canada, 2001 (currently under review)

SALPN:
- Scope of Practice, 2006
- Standards of Practice, 2004
- Competency Profile, 2006 and Bylaws, 2008
- Code of Ethics, 2004
- Position Statements, Licensed Practical Nurses Act, 2000
- Position Statements
- Licensed Practical Nurses Act 2000

CNA:
- Code of Ethics
Appendix B  NAC WORK SITUATION REPORT GUIDELINES

NURSING ADVISORY COMMITTEE
WORK SITUATION REPORT

Guidelines For Use (Revised March, 2010)

1. Work Situation Reports (WSR) are necessary in situations when circumstances prevent you from meeting your professional standards of practice of your licensing body. These may include, but are not limited to:
   - insufficient staffing for existing workload;
   - nursing assignment in areas where you are not trained, oriented, or certified;
   - planned nursing care and/or client/resident teaching which could not be done effectively;
   - other unsafe or potentially hazardous conditions for patient/client/resident; and/or
   - any nursing practice or situation that negatively impacts on patient/client/resident care.

2. Notify your out-of-scope manager as soon as possible; in any case within 96 hours of the situation. This may be accomplished in person, via phone, by memo, sending an email, etc. Document date issue discussed with out-of-scope manager, manner it was raised and their response. If your first line supervisor at the time of the incident is in-scope, notify them and document the action under Description of Issue section on the form but you still must notify your out-of-scope manager.

3. Briefly outline
   - description of issue(s); and
   - what would correct issue(s).
   If the form does not provide sufficient space, please add further information on a separate sheet.

4. DO NOT identify clients/residents or doctors involved in the issue, use Dr. X or Patient/Client/Resident A.

5. DO NOT GIVE THIS FORM TO THE EMPLOYER. Retain your copy and submit local and provincial copies to your Local Nursing Advisory Committee Representative as soon as possible following the issue. (Your Local NAC submits your form to the employer on your behalf.)

6. Remember your Collective Agreement protects you from being penalized, harassed or disciplined by your employer for submitting a WSR you submitted, remember you have the right to Union representation during discussion of the WSR.

7. You may be contacted by your Local NAC Representative for further information.

8. Begin your own recording of issue. (Keep your own personal work documentation from the shift.) Please note - The Union may be required to provide this information to the employer.

9. Notification of Work Situation Report(s) are not intended to replace any incident report form or the internal documentation required under Employer policies.

10. If you have questions regarding filling out forms, first contact your Local Representative. If you need further assistance, call SUN Provincial in Regina at (306)525-1666 or (800)667-7060 or Saskatoon at (306)665-2100 or (800)667-3294.
Appendix B-2 NAC WORK SITUATION REPORT

Nursing Advisory Committee
Work Situation Report

SUN LOCAL # FACILITY/AGENCY

UNIT NURSING SERVICES PROVIDED

DATE / / mm dd yy

SHIFT APPROXIMATE TIME OF ISSUE

\# OF STAFF ON DUTY: _____ RNs _____ RPNs _____ LPNs _____ AUX. _____ OTHERS IF APPLICABLE

DESCRIPTION OF SITUATION: ☐ NOTIFIED IN-CHARGE NURSE/IN-SCOPE SUPERVISOR WHEN APPLICABLE

TO CORRECT THE ABOVE, I/WE RECOMMEND:

NOTIFICATION/DISCUSSION WITH OUT-OF-SCOPE MANAGER OF YOUR AREA WITHIN 96 HOURS OF SITUATION:

DATE: / / / mm dd yy time out-of-scope manager title how contacted

RESPONSE/ACTION:

SIGNATURE OF NURSE(S) AND PRINTED NAME(S)

signature printed name phone # email

signature printed name phone # email

signature printed name phone # email

signature printed name phone # email

SUNPROVINCIAL - WHITE COPY; SUN LOCAL - YELLOW COPY; NURSE - PINK COPY
REVISED MARCH 2010
# Appendix C  TYPE OF ISSUE INDEX

<table>
<thead>
<tr>
<th>Communication</th>
<th>Equipment and Supplies</th>
<th>Policies and Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of</td>
<td>• Faulty</td>
<td>• Administration/Admission</td>
</tr>
<tr>
<td>• Leadership and Support</td>
<td>• Insufficient/Lack of</td>
<td>• Equipment</td>
</tr>
<tr>
<td>• Policies and Procedures</td>
<td>• Not appropriate</td>
<td>• Nursing Practices</td>
</tr>
<tr>
<td></td>
<td>• Proper Service</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education/Orientation</th>
<th>Job Description/Duties</th>
<th>Staffing Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Certification/Transfer of</td>
<td>• Inappropriate</td>
<td>• 24 hour RN/RPN coverage</td>
</tr>
<tr>
<td>Medical Functions</td>
<td>• Lack of</td>
<td>• Auxiliary Staff (i.e. Ward</td>
</tr>
<tr>
<td>• Equipment</td>
<td>• Non-Nursing Function</td>
<td>Clerk)</td>
</tr>
<tr>
<td>• Floating</td>
<td>• Clerical</td>
<td>• Baseline</td>
</tr>
<tr>
<td>• Lack of/Inadequate</td>
<td>• Housekeeping</td>
<td>• Break Relief</td>
</tr>
<tr>
<td>• New Service/Off Service</td>
<td>• Portering</td>
<td>• Experienced Staff/</td>
</tr>
<tr>
<td>• New Unit</td>
<td>• Supplies</td>
<td>Junior/Senior Mix</td>
</tr>
<tr>
<td>• Nursing Skills</td>
<td></td>
<td>• Floating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RN/LPN Ratio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment</th>
<th>Physician Related</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
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<td>• Availability</td>
<td>• Inappropriate/Outdated</td>
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<tr>
<td>• Noise Level</td>
<td>• Client Safety</td>
<td>• Pharmacy Related</td>
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<td>• Physical Layout/Space</td>
<td>• Inappropriate Behaviour</td>
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<td>• Inappropriate Placement of</td>
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<td>Client</td>
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<tr>
<td>• Client Needs/Dignity</td>
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<td>• Physical Safety</td>
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<td>Clients/Staff</td>
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| Environment                    |                              |                                |
|--------------------------------|------------------------------|                                |
| • Cleanliness of Unit          |                              |                                |
| • Noise Level                  |                              |                                |
| • Physical Layout/Space        |                              |                                |
| • Inappropriate Placement of   |                              |                                |
| Client                         |                              |                                |
| • Client Needs/Dignity         |                              |                                |
| • Physical Safety              |                              |                                |
| Clients/Staff                  |                              |                                |
### WORK SITUATION REPORT INVESTIGATION FORM

(For Local Nursing Advisory Committee use only)

**Date of WSR:** ____________________________________________

**WSR Documentor:** ________________________________________

**Home ph:** ____________________  **Work ph:** ________________

**E-mail:** ________________________________________________

<table>
<thead>
<tr>
<th>1. SHIFT:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Day of Week (circle):</td>
<td>S</td>
<td>M</td>
<td>T</td>
<td>W</td>
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<tr>
<td>Length of Shift:</td>
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<td>[ ] Day</td>
<td>[ ] Evening</td>
<td>[ ] Night</td>
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</table>

| 2. TYPE OF ISSUE: | | | | |
| [ ] Staffing | [ ] Education/Orientation | [ ] Equipment/Supplies | [ ] Medication | [ ] Physician Related |
| [ ] Communication | [ ] Environment | [ ] Job Description/Duties | [ ] Non-Nursing Functions | [ ] Policies/Procedures |

| 3. STAFFING NUMBERS: | (a) Normally Scheduled | (b) This Shift | (c) Status of Staff | | | | |
|----------------------|------------------------|----------------|------------------|-----------------|----------------|----------------| |
| RNs/RPNs | | | Casual | Float | OT | Relief | |
| LPNs | | | | | | | |
| Auxiliary | | | | | | | |
| Orderlies | | | | | | | |
| Clerk | | | | | | | |
| Other | | | | | | | |
| (d) If (a) differs from (b), why? | | | | | | | |
| (e) Vacancies in area: | | | Reason: | | | | |

| 4. PATIENT CARE: | | | | |
| (a) Type of Nursing Care: | | | |
| (i.e. Surgery/Community/Mental Health/LTC) | | | |
| (b) Total number of patients on unit: | | | |
| Minimal Care: | | | Average Care: | | |
| Above Average Care: | | | Intensive Care: | | |
| (c) My patient assignment: | | | |
| Minimal Care: | | | Average Care: | | |
| Above Average Care: | | | Intensive Care: | | |
| (d) Planned teaching given? | [ ] Yes | [ ] No |
| (e) Planned psychological support given? | [ ] Yes | [ ] No |
| (f) Did situation result in an incident report? | [ ] Yes | [ ] No |
| (g) My other assigned responsibilities for this shift: | |
| [ ] Team Leader/Charge | [ ] Committees | [ ] Replacing Staff |
| [ ] Meds (other pts) | [ ] Tx (other pts) | [ ] Office Liaison |
| [ ] Students/Preceptor | [ ] Telephone Clerk | [ ] Orientation |
| [ ] Other | | | | | | | | | | | | |

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Page 40
Appendix D continued

5. AVAILABILITY OF ALTERNATIVES:
   (a) Did supervisor visit area to assess requirements?  □ Yes  □ No
   (b) Was additional staff made available?  □ Yes  □ No
      (i) Period of time staff made available  ____________ hrs
      (ii) Category (RN, LPN, etc.) ___________________________
      (iii) Did additional staff require orientation?  □ Yes  □ No
      (iv) If yes, how much?  ____________________________ min
      (v) Was additional staff helpful?  □ Yes  □ No
   (c) If no additional staff available, was attempt made to redistribute patient assignment?  □ Yes  □ No
      (i) If no, why not?  __________________________________________________________
      (ii) If yes, was it helpful?  ___________________________________________________

6. WORKING CONDITIONS:
   (a) Any breaks missed? (specify) ___________________________________________________
   (b) Did you work overtime?  □ Yes  □ No
   (c) Did you request overtime?  □ Yes  □ No
   (d) Were you granted overtime?  □ Yes  □ No

7. APPLICABLE TO OTHER SERVICE PROGRAMS:
   Work site area: ________________________________________________________________
<table>
<thead>
<tr>
<th></th>
<th>Number planned</th>
<th>Actual Number</th>
<th>Time planned</th>
<th>Actual Time</th>
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<td>Home Visits</td>
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<td>Administration</td>
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<td>Travel (# of trips)</td>
<td>_______________</td>
<td>______________</td>
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<td>Other</td>
<td>_______________</td>
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</table>
   Describe reasons for differences between planned and actual: __________________________

8. CONTRIBUTING FACTORS:
   □ Weather  □ Incomplete Referral Information
   □ Psych. Support Required  □ Lack of Time for Teaching  □ Lack of Support Staff
   □ Problems with Equipment (specify) ________________________________________________
   □ Potentially Adverse Effects on Client Welfare (specify) _____________________________
   □ My safety was in jeopardy (specify) _______________________________________________
   □ Actual Adverse Effects on Client Welfare (specify) _________________________________
   □ Unanticipated Assignment (specify) _______________________________________________
### Appendix D continued

#### APPLICABLE TO ALL AREAS

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**Date**

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<th>Investigator Signature</th>
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<td>2</td>
<td>Board</td>
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<td>IAC</td>
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Appendix E  LETTER OF WITHDRAWAL SAMPLE

Letter of Withdrawal

Date

Name
Address
Town, SK Postal Code

Dear __________:

WSR(s) _______ (date)

Further to our discussion on __________, the following Work Situation Report(s) dated __________ have been withdrawn as per your request.

If you have any questions, please contact me at __________.

Yours truly,

NAC Chairperson, SUN Local _____

c.c. SUN Local _____ President
SUN Provincial
## Appendix F  LOCAL TRACKING FORM SAMPLE

<table>
<thead>
<tr>
<th>WORKER DATE</th>
<th>WORK AREA</th>
<th>ISSUE</th>
<th>REFER TO BOD/IAC</th>
<th>STATUS</th>
<th>RESOLUTION</th>
</tr>
</thead>
</table>

**Status**

- U = Unresolved
- R = Resolved
- W = Withdrawn
- A = Abeyance
Appendix G

NAC PROFESSIONAL PRACTICE REPORT GUIDELINES

NURSING ADVISORY COMMITTEE

PROFESSIONAL PRACTICE REPORT

ARTICLE 58: SUN/SAHO Collective Agreement 2008-2012

Guidelines For Use (Revised March 2010)

1. As professional RNs, RPNs, and RN(NP)s it is your obligation under your Standards of Practice and Code of Ethics to provide safe, competent, ethical nursing care to your clients. If this is not possible, it is your duty to immediately report the situation to a higher level of authority.

2. As SUN members you can register your nursing concerns through a number of articles found in your SUN/SAHO Collective Agreement. This form has three separate articles that can be used. Please check off the article that best represents your situation. In each article there is a requirement to discuss the situation with your supervisor/out of scope manager of your area. SUN advises this person be Out-of-Scope (OOS).

The following is a brief summary of the articles found under Nursing Practice:

58.03 a) This may be used when an individual nurse or group of nurses believe they are being “asked to perform more work than is consistent with proper client care”. The nurse or group of nurses must first discuss the matter with their OOS manager and if not resolved within 5 calendar days, refer to the Nursing Advisory Committee to be addressed.

58.03 b) This may be used when a nurse believes “she is working, at the Employer’s direction, in violation of her professional responsibilities”. The nurse must inform her immediate manager to identify the issue and try to rectify it. If not addressed “a meeting shall be convened within 24 hours to consider and implement alternative options of care delivery meeting the required professional standards.” If matter is unresolved, you may refer the issue to the Nursing Advisory Committee to be addressed.

58.05 This may be used when the RN or RPN at the point of care believes “there is insufficient staffing to provide safe, competent nursing care”. They must immediately report the situation to the manager. In the case that your first line supervisor is a SUN member, the nurse at the point of care shall notify the in-scope supervisor, but you must contact the OOS manager to identify options. Please fill out the Professional Practice Report form to document the circumstances which prevented you from meeting your professional standards of practice or policies of your licensing body. If matter is unresolved, refer the issue to the Nursing Advisory Committee to be addressed.

3. Briefly outline
   - description of issue(s); and
   - what would correct issue(s).
   If the form does not provide sufficient space, please add further information on a separate sheet.

4. DO NOT identify clients/residents or doctors involved in the issue, use Dr. X or Patient/Client/Resident A.

5. DO NOT GIVE THIS FORM TO THE EMPLOYER. Retain your copy and submit local and provincial copies to your Local Nursing Advisory Committee representative as soon as possible following the issue. (Your Local NAC submits your form to the employer on your behalf.)

6. Remember your Collective Agreement protects you from being penalized, harassed or disciplined by your employer for submitting a Professional Practice Report. If your manager approaches you about a Report you submitted, remember you have the right to Union representation during any discussions.

7. You may be contacted by your Local NAC Representative for further information.

8. Begin your own recording of issue. (Keep your own personal work documentation from the shift).
   Please note - The Union may be required to provide this information to the employer.

9. Notification of Professional Practice issue(s) are not intended to replace any incident report form or the internal documentation required under Employer Policies.

10. If you have questions regarding filling out forms, first contact your Local Representative. If you need further assistance, call SUN Provincial in Regina at (306)925-1666 or (800)667-7060 or Saskatoon at (306)665-2100 or (800)667-3294.
Appendix G-2  NAC PROFESSIONAL PRACTICE REPORT FORM

Nursing Advisory Committee
Professional Practice Report

FOR LOCAL USE ONLY
DATE PPR REC’D __________________
DATE TO EMPLOYER ___________

SUN LOCAL # __________ FACILITY/AGENCY __________________

UNIT __________________ NURSING SERVICES PROVIDED __________________

DATE __/__/____  SHIFT __________ APPROXIMATE TIME OF ISSUE __________

# OF STAFF ON DUTY: _____ RNs  _____ RPNs  _____ LPNs  _____ AUX.  _____ OTHERS IF APPLICABLE

DESCRIPTION OF SITUATION: ☐ NOTIFIED IN-CHARGE NURSE/IN-SCOPE SUPERVISOR WHEN APPLICABLE

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

SIGNATURE OF NURSE(S) AND PRINTED NAME(S)

__________________________ __________________________ __________________________
__________________________ __________________________ __________________________
__________________________ __________________________ __________________________

phone # __________________ email __________________
phone # __________________ email __________________
phone # __________________ email __________________

SUN LOCAL # __________    FACILITY/AGENCY __________________

UNIT ___________    NURSING SERVICES PROVIDED __________________

DATE __/___/___       SHIFT ____________________ APPROXIMATE TIME OF ISSUE ______________

# OF STAFF ON DUTY:     _____ RNs      _____RPNs       _____ LPNs     _____ AUX.     _____ OTHERS IF APPLICABLE

PLEASE CHECK THE FOLLOWING ARTICLE USED IN DEALING WITH YOUR NURSING PRACTICE ISSUE (select only one):

☐ 58.03 a) The nursing practice issue was related to my/our belief that the Employer has asked me/us to perform more work than is consistent with proper client care. Issue discussed with ______ out-of-scope supervisor on ______ / ______ / ______.

Issue:  ☐ resolved  ☐ unresolved  If unresolved, was issue referred to NAC?  ☐ yes  ☐ no

☐ 58.03 b) I have reasonable grounds to believe that I am working at the Employer’s direction in violation of my professional responsibility. Issue discussed with ______ out-of-scope supervisor on ______ / ______ / ______.

Issue:  ☐ resolved  ☐ unresolved  If unresolved, was issue referred to NAC?  ☐ yes  ☐ no

☐ 58.05 The inability to provide safe, competent nursing care due to insufficient staffing was discussed with my/our out-of-scope supervisor on ______ / ______ / ______.

Issue:  ☐ resolved  ☐ unresolved  Was supervisor provided with a written statement outlining professional standard(s) not met?  ☐ yes  ☐ no  If yes, please attach a copy of the written statement provided to supervisor.

If unresolved, was issue referred to NAC?  ☐ yes  ☐ no

SIGNATURE OF NURSE(S) AND PRINTED NAME(S)

signature ____________________________ signature ____________________________ signature ____________________________

printed name ____________________________ printed name ____________________________ printed name ____________________________

phone # ________________________________ phone # ________________________________ phone # ________________________________

e-mail ________________________________ e-mail ________________________________ e-mail ________________________________

SUNPROVINCIAL - WHITE COPY; SUN LOCAL - YELLOW COPY; NURSE - PINK COPY
REVISED MARCH 2010
Appendix H  MEETING NOTICE

__________________________
(name of facility/agency and SUN Local)

__________________________
(name of committee)

Committee members:
Management:  _____________
SUN:  _____________

Meeting:
DATE:  _______________
TIME:  _______________
PLACE:  _______________

AGENDA

Chair-Employer or SUN
Recorder-SUN or Employer

1.0  Call to order

2.0  Approval of Agenda

3.0  Minutes of previous meeting  __________________ (date of meeting)

   Add-Items in Abeyance

4.0  Unresolved Items
   4.1  ______________________________
   4.2  ______________________________
   4.3  ______________________________
   4.4  ______________________________

5.0  New Items
   5.1  ______________________________
   5.2  ______________________________

6.0  Next Meeting date and time

7.0  Adjournment
Appendix H-2  EXAMPLE OF MEETING NOTICE WITH AGENDA

TIGER LILY HEALTH CENTRE & SUN LOCAL 400
NURSING ADVISORY COMMITTEE MEETING NOTICE

Committee members:
Management:
Sally Smith, Director of Health Services; Janice Wasco, Fac. Mgr, (recorder)
SUN:
Mary Lin, RN, Chair
Bill Thomas, RPN

MEETING DATE:  Wednesday, March 29, 2009
TIME:  1300
PLACE:  Tiger Lily Health Centre, Boardroom

Chair:  Employer or SUN
Recorder:  SUN or Employer

AGENDA
1.0  Call to order
2.0  Approval of Agenda
3.0  Approval/revision of Minutes of previous meeting held January 25, 2009
    Add-Items in Abeyance
4.0  Unresolved Items
    4.1  Nursing Issue:  First raised January 25, 2009
        Communication between units
        2nd meeting
    4.2  WSR-3W Medical
        January 6, 7, 14 2009
        Staffing - baseline on weekends
        2nd meeting
5.0  New Items
    5.1  WSR-Mother/Child Unit  February 24, 2009
        Environment - Inappropriate placement of client
        1st meeting
6.0  Next Meeting date and time
    Chair - SUN or Employer
    Recorder - Employer or SUN
7.0  Adjournment
Appendix I  EXAMPLE OF MINUTES

Tiger Lily Health Centre, Wheatland Health District and SUN Local 400
Nursing Advisory Committee Meeting
Wednesday, March 29, 2006 1300 - Board Room, Tiger Lily Health Centre

Committee Members Present:
SUN:
Mary Lin, RN (Chair)
Bill Thomas, RPN
Management:
Sally Smith, Director, WHD
Jan Wasco, Manager (Recorder)

1.0  Call to Order
   M. Lin called the meeting to order at 1300.

2.0  Approval of Agenda
   The agenda approved as circulated with the addition of item 5.2 Linen Supplies.
      Moved by S. Smith.
      Seconded by B. Thomas.
      Carried.

3.0  Minutes of the previous meeting
    The minutes of previous meeting held January 25, 2006 were adopted with the following correction(s):

    3.1  Nursing Issue – Communication between units: Add “Units be directed to have ward clerk call unit prior to transferring patient.”
        Moved by B. Thomas.  Seconded by J. Wasco.
        Carried.
        Add-Items in Abeyance

4.0  Unresolved Items:

         M. Lin has checked with all units and the communication has improved by having ward clerk call prior to transfer.  Item considered Resolved.

    4.2  WSR - 3W Medical – January 6, 7, 14, 2006.
         Staffing Levels – Baseline on weekends
         2nd NAC Meeting:
Since last meeting, SUN has received eight (8) more WSRs dated January 28, 29, February 17, 18, and March 4, 5, 11, 12 that were discussed with J. Wasco following each weekend worked. Management recognizes work situation on weekend days is heavy, but the facility was denied budget request to increase staffing complement. SUN presented management with a brief of the staffing levels on 3W (see attached) that outlines the problems nurses face in providing adequate care to patients and demonstrates the high usage of overtime over the past year for calling in RNs on weekends off.

Action: Management agreed to forward the brief to the CEO and will discuss ways to address the nurses’ concerns and will bring forward any solutions they have at the next NAC meeting. SUN indicated that if the issue is not addressed, the nurses plan to forward issue to the Board level.

Status: Abeyance until May 24/06 NAC meeting.

5.0 New Items

5.1 WSR – Mother/Child unit–February 24, 2006.
Environment–Inappropriate Placement
1st NAC Meeting:
Elderly male patient with Alzheimer’s (aggressive tendencies) was placed in a semi-private room with an eight year old boy as it was the last bed in the facility. Much discussion on how this decision was reached. Safety issues for boy and other clients as well as staff. Ideas were shared with respect to procedure if a similar incident occurs in the future.

Action: S. Smith agreed to draft guidelines for admission of aggressive patients to off-service beds prior to next meeting.

Status: Unresolved.

6.0 Next meeting time and date.
Next meeting is scheduled for Wednesday, May 24, 2006 at 1300, Tiger Lily Health Centre Board Room. Employer to Chair, SUN to record.

7.0 Adjournment
Meeting adjourned at 1410.
Appendix J  IAC PROCEDURAL GUIDELINES

The below guidelines are suggested for the IAC process, however, the IAC has the ability to determine its own procedure.

1. The IAC Chair will consult with SUN and the Employer prior to the hearing to get their suggestions as to the number of days required for the hearing for application at IAC hearings.

2. IAC Members may request a facility/unit tour.

3. The IAC Nominees will communicate with their respective parties to establish mutually agreed upon dates for the hearing. The Employer Nominee will communicate with SAHO as well as the Employer. The Chair will inform both parties, including SAHO, as soon as the dates are confirmed.

4. The Employer and SUN will submit all relevant documentation (including their presentations to be put forward at the hearing) to the Committee members and to the other party a minimum of two weeks before the hearing. SUN’s submission to the Board, the Board’s response to SUN and other relevant documentation, which has gone through the Nursing Advisory process, will be considered. In the event that one of the parties wishes to submit additional documentation to the Committee after the two-week deadline, prior approval from the other party is required.

5. The Employer and SUN may each have up to a maximum of six (6) representatives participate in the hearing. The Employer and SUN can request permission to have observers attend the hearing. Observers do not actively participate. Prior to the hearing, both parties will inform the Chair and the other party of the names and titles of those representatives attending.

6. At the hearing, SUN and the Employer will each be given an opportunity to make a submission, to ask questions of clarification, to respond to the other party’s submission, and to make a closing statement.

7. The Employer and SUN will each appoint one person to present its case and to respond to the other party’s submission. The names of these individuals shall be provided to the Chair at least two weeks prior to the hearing.

8. In the event that a participant is not able to attend, an alternate participant may be appointed by the party.

9. All participants may offer information and/or seek clarification with permission from the Chair.

10. The IAC reserves the right to ask questions of anyone participating in the hearing.
Appendix J continued

11. The IAC may seek out and consider relevant information and documentation from external sources.

12. All parties will use ordinary language (not legal terms) at the hearing. Medical and nursing terms will be permitted.

13. All present at the hearing will protect patient/client/resident confidentiality.

14. IAC member notes will be kept for a minimum of one year from the hearing or longer if deemed necessary.

15. Each request for intervener status shall be submitted to the IAC for consideration, not less than fifteen (15) days prior to the hearing. Intervener status may be given to any trade union representing Employees in the facility/agency.

16. Interveners may request documentation from SAHO, SUN or the Employer at least seven (7) days prior to the hearing.

17. The IAC understands that its binding jurisdiction extends only to members of the SUN/SAHO Collective Agreement. The Committee may hear information that relates to the context of the situation as well as to the issues.

18. The IAC may use the following process for the Hearing:
   - Welcome and Introductions, including purpose and role, Amendments and Approval of Agenda
   - Presentation by SUN
   - Response to SUN’s presentation by the Employer (optional)
   - Questions to SUN from the Employer and the IAC
   - Presentation by the Employer
   - Response to the Employer’s presentation by SUN (optional)
   - Questions to the Employer from SUN and the IAC
   - Tour of Unit/Facility (optional)
   - Interveners remarks (optional)
   - Questions to the Intervener from SUN, Employer and IAC (optional)
   - Closing remarks by SUN
   - Closing remarks by the Employer
   - Closing remarks by the IAC
   - Adjournment
Notes...
Notes...